

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1.
  - a. Whether there should be reimbursement for date of service 10-22-01.
  - b. The request was received on 3-26-02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. HCFA
  - c. EOBs
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 6-28-02. The respondent did not respond to the additional documentation. It's initial response is reflected in Exhibit II.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

## **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 6-15-02:  
"Total dollar amount in dispute is **\$74.90.** The disputed issue is that the Carrier has paid \$85.00 for the hot/cold back pack stating reduction according to fee guideline."
2. Respondent: No position statement noted.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10-22-01.
2. The Carrier has denied the disputed code as reflected on the EOB as, "F – REDUCTION ACCORDING TO FEE GUIDELINES"
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10-22-01	E1399	\$159.90	\$85.00	F	No MAR	MFG; Durable Medical Equipment (DME) Ground Rules (VIII); Rule 133.304 (c)	<p>The Carrier has denied the disputed code as "F".</p> <p>As there is no MAR or maximum allowable fee for this HCPCS code, it cannot be reduced as "F". TWCC Rule 133.304 requires that a carrier provide sufficient explanation for denial. The denial as listed does not expound on the "F" denial. The Carrier failed to indicated what section of the guideline was utilized for the reduction of the code.</p> <p>Therefore, reimbursement is recommended in the amount of <b>\$74.90.</b></p>
<b>Totals</b>		\$159.90	\$85.00				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$74.90.</b>

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$74.90 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 15<sup>th</sup> day of October 2002.

Lesa Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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